

Testimony prepared for the Health and Human Services Committee, February 14, 2008

Good morning. My name is Mark Hanson I am the Legislative Liaison for the Iowa Association of Area Agencies on Aging. I also serve on the Board of Directors for Aging Resources of Central Iowa.

There are 13 Area Agencies on Aging serving all 99 counties in Iowa. The Area Agencies on Aging are involved daily delivering programs to help low to moderate income older Iowans. We are pleased with the leadership of John McCalley at the Department of Elder Affairs. We are also pleased to make a few brief comments today.

Iowa is in the top 5 states having the highest percentage of population aged 65 and older. The number of Iowa seniors that are age 80 and over is increasing more rapidly than any other age group. In fact, Iowa ranks fifth in the nation for percentage of persons aged 60 and older and fourth in the nation of persons 75 and older. By 2025 it is projected that 27% of Iowa's population will be over 60.

NUTRITION PROGRAM

Home delivered meals and congregate meal sites are extremely important to the health of seniors. According to a national study, 85% of elders who entered a hospital were malnourished. Malnutrition increases health care costs, which ultimately impacts taxpayers. It has been demonstrated that providing at least three meals a week to older persons reduces health care costs. The cost of providing meals to an older adult for one year is equal to the cost of one day in the hospital. The intent of the Older Americans Act is to provide seed money to help states and local governments provide meal programs, not to fully fund this program. Over 30% of older Iowans participating in the nutrition program have incomes below the federal poverty level. Many more are on fixed incomes that are not meeting the rising costs of basic needs such as utilities, food, health care, property taxes, rent and prescription drugs. We would be interested in seeing the state of Iowa recognize the importance of the senior nutrition programs to make sure healthy food is available to older Iowans.

ORAL HEALTH

Iowa's Senior Smiles, a grant project involving low income older Iowans receiving home care via the Medicaid Elderly Waiver program, found that 48% of program participants did not have a dentist of record. Some had not been to a dentist in over 45 years. Because of the impact of the health of older adults on the country's health care costs, it is important to improve oral health delivery programs. The collaboration between the IDPH and DEA should continue.

MENTAL HEALTH & AGING

A good collaboration has begun to promote mental wellness among aging Iowans with emphasis on prevention, early intervention, evidenced based treatment and recovery. The

Department of Human Services and the University of Iowa, Center on Aging are involved with DEA and the Area Agencies on Aging to improve accessibility to mental health services.

CASE MANAGEMENT

We continue to monitor the Case Management Program for the frail and elderly as a service under Medicaid. We will work with DHS/IME to evaluate the \$70.00 hard cap for this service. As you know targeted case management has used a cost allocation model to determine actual costs for the programs they administer. We have had some good discussion with IME to utilize similar methodology. We would ask that for the state appropriation that there be some flexibility to utilize the SLP dollars to serve clients in the program. We also are concerned about the size of the case loads which range from 60-100 clients per case manager. These can be very difficult cases and the conditions do change with deteriorating health. We are thankful for your leadership two years ago to help to solidify this program with its inclusion as a waiver service under Medicaid.

BOARD TRAINING

For the second year we are following your statutory guidance and are requiring 4 hours of Board training each year. We feel this has been helpful for the Boards to provide adequate oversight to the Area Agency Directors. There is concern as to why we are the only 501 c (3) or (6) to have this requirement...and we are wondering if after a couple of years how valuable this may be for returning Board members.

ELDER ABUSE

Some incremental expansion of the Elder Abuse Initiative statewide would be of interest to the Area Agencies on Aging. This would provide the tools necessary to make sure that reports of elder abuse are investigated and corrected by the interdisciplinary teams involved.

Whenever there is a snowstorm, power outage, heavy rains or other natural disasters the Area Agencies on Aging and the service provider network continue to serve, and check up on, the most frail and vulnerable seniors within your areas. We realize you have one of the most difficult jobs in trying to balance priorities. We really do appreciate the work you do with this committee and we look forward to continued progress in serving older Iowans. Today's elders have pride and want to remain independent, however without community based in home services, taxpayers would be paying much higher bills for their support in long term care facilities.

AGING IN IOWA

By Mark A. Hanson

There is one truth we cannot ignore; we all continue to get older, as do our friends and our families. Aging is similar to death, in that we either we do not properly plan for, or choose to put off until tomorrow any discussion on what should be done. Often times it is not until we are faced with a crisis which causes us to begin the process of understanding aging. A loved one has a serious health issue and we try to figure out what to do. We talk with our family members, friends, clergy and others. You are scared, worried, don't know what to do and sometimes in panic. Hopefully, at some point you reach a professional within the caregiver network that has the resources, experience and information you need to assist you in determining the best choices available. Aging is difficult. There are social, emotional, economic and health considerations at every turn within the continuum of aging. I just want you to know, there is help available.

For over 30 years the Area Agencies on Aging through the Older Americans Act are mandated to be the "point of contact" for older persons to access information and assistance. Older Iowans are currently served in all 99 counties by local community providers who contract with the Area Agencies on Aging. Information and assistance is available to you today within your own area. This fall I was asked to represent the Iowa Association of Area Agencies on Aging as their legislative liaison. This paper is my attempt to heighten awareness of aging issues, not just for public policy makers, but for all of us who care about, or for, older Iowans.

Since moving to Iowa, I continue to hear we need more Iowans, younger Iowans. How can we stop the "brain drain"? Young people are our most precious resource. We need to spend significantly more dollars in pre-school education and to raise science and math scores for our students in our public schools? Many Iowans do feel it is the young people, with their entire life ahead of them that should be the focus of state public policy-- I agree to a point-- however; another of Iowa's most precious resources is our current and growing senior population.

There are currently 567,000 Iowans over the age of 60, out of the total Iowa population of 2.9 million. (19%) Ten years from now there are projected to be 683,173 (22.5%) over the age of 60 and by the year 2025 there will be 804,461 for nearly 27% of the total Iowa population. That's right in twenty years over 1/4 of the entire population will be 60+ years of age. If we use the 2000 census as our baseline and projecting the population trends until the year 2030...there will be a 52% increase in Iowans over the age of 65. Conversely there will be over the same period a -9.6% decrease in the under 18 population in Iowa.

What are we doing to understand these demographic trends? How can we keep these "old people" in Iowa? Can we keep them active in our communities and keep them healthy by

maintaining a quality health care system? When are we going to start treating them as assets instead of encouraging their exodus? I believe public policy in Iowa should try to attract and retain older Iowans for the benefit of Iowa.

Some perceive that older Iowans are frail, done with life and not worth the investment. It is true health care delivery systems for the truly frail and elderly will need to be improved. However the majority of Iowans 60+ years of age are fully functioning contributors to their communities. The reality is these older Iowans are very capable. They have the ability to be the "angel investors" for small businesses. Many are entrepreneurial. They have the resources and life experiences and are often times more likely to take a risk to help themselves or others. It also is true that by retaining the retired and attracting the "old" they bring young people (their kids) with them. This is true in my case. It is because of my in-laws, my wife and I relocated our family to Iowa. Where is the discussion in Iowa about older Iowans being an asset and a resource to be utilized?

Our job is not to warehouse older Iowans. It is not to put them away like files in a filing cabinet. Aging, like life itself is a series of progressions. As you move up the ladder of life, one rung at a time, you climb higher and higher. You gain perspective and knowledge. What happens when you get to the top? You should be revered, treasured, honored and appreciated. Instead, when you climb too high and can no longer support yourself you fall over the edge. Our society needs to help someone get off the ladder before they fall. By strengthening family and community supports we can help them down or at least cushion their inevitable fall.

There is a growing body of work and research into the "new retirement". Some educators believe that we tend to remain much the same throughout our lives and that people don't change when they retire. Others see retirement as an opportunity for a new beginning—a chance to transform one's life. Dr. Ron Manheimer with the Center for Creative Retirement, University of North Carolina in Ashville in answering the question... Can the next step in my life be truly revitalizing?... "It's a question of whether you simply make an adjustment to this period or whether you reinvent yourself"

He cites the example of a friend and newly retired teacher—a self-described "wallflower"—who decided to take a course in reader's theater (acting from a script). Much to her surprise, she discovered that she had a gift for public speaking and, eventually, assumed leadership roles in her community. She underwent a "tremendous transformation," Dr. Manheimer says. Later life can be a "great opportunity to do new things and be a new person."

Research also shows that mid-life and older Iowans are most concerned about health and financial security and quality of life as they age. They want to live independently and purposefully. They want to be involved. They want to make life better for their children and grandchildren. Over 40% of Iowans over the age of 60 volunteer their time within their communities for causes they care about. What a tremendous resource of talent and life experiences making a difference every day in Iowa. With the rapid advancements in

the science of healthy aging this volunteer resource can only grow, and last longer, for the communities' betterment.

We are not particularly friendly to older Iowans in tax policy. We are a state that does tax social security and pension income. Other states do not. We do lose a proportion of this population to other states. Nevada, Texas, Florida and Arizona among others, that gladly accept this Iowa export. To be fair economics are only a consideration in retirement migration. Persons of retirement age also typically move to areas with warmer climates as well. However, another significant factor is "quality of life." This is an area that Iowa can improve and therefore retain and attract new residents who are retired. Older people do participate in the economy and are a force for progress, why not try to recruit them?

Any discussion of tax policy whether it be corporate/industrial tax, income tax, sales tax, property tax (residential/agricultural) is fraught with the question of... we need XX amount of dollars to run government...and if we eliminate a tax here...another "class" of taxpayer will have to make up the revenue shortfall. I do not know the tax consequences of how much we "lose" when the most affluent, with the highest degree of mobility leave the state. I will leave that to others, however I have to believe it is significant. Again, these people are very likely to invest in new ventures and contribute to communities they have lived in all their lives. I believe by a change in tax policy we can encourage lifelong residents to stay...and would allow us to actively recruit new Iowans. We would be able to show that our quality of life is second to none and older Americans would recognize our state tax policies place a value on them as assets.

In my opinion we will never be able to eliminate the taxes on older Iowans unless there is the political resolve to look at the "cost of government" question. Our state budget in Iowa was 1 billion dollars in 1980. Today, 25 years later it is over 5 billion dollars. We have not significantly grown the population; we have not seen these types of increases in commercial and industrial activity. The only significant tax changes have been in new gambling taxes, sales taxes and increases on property taxes either due to increased valuations or increases in the levy rate. I am not a lifelong Iowan; however I do pay the taxes, of all kinds, assessed on me. I believe every citizen should read an article called "Rolling Back Government: Lessons from New Zealand". It is this type of re-invention of government that would be required in Iowa to make any significant and dramatic changes in tax policy. The article is available at www.hillsdale.edu/imprimus/2004/april/. The article is an adaptation of a speech given by Maurice P. McTigue, a former New Zealand government official. If you are a 60+ older Iowan that would like to see the social security/pension tax go away...it will only happen by reducing the cost of government, otherwise policy makers will not shift your tax on to someone else.

Iowans seem stuck in the rut of looking at their problems the same way, with the same assumptions. There is a high level of pessimism that nothing will change. In the public education sector, New Zealand found it bloated and top heavy, so the government eliminated all boards of education, which would be like Iowa eliminating every school district. Every school would be governed by its own board of trustees, elected by the parents. Each school was given a lump sum based on its enrollment, with absolutely no

strings attached. Readers are entitled to ask what possible relevance the experiences of a country with a population of 3.8 million have for the State of Iowa. New Zealand is not heavily populated but it is roughly equivalent to the median American state. Since public education in the United States is constitutionally a responsibility of the fifty states and territories, the Ministry of Education in Wellington is the functional equivalent to a state department of education. Iowa has 2.9 million people and we spend over 3 billion dollars for public education.

Authors note: In 1903 when Iowa celebrated its 100th birthday as part of the Louisiana Purchase recognition, 700,000 school children celebrated Louisiana Purchase Flag Day. In the K-12 education system today there are approximately 482,000 students.

In the near term tax policy reform, in the elimination of the tax on social security and pensions will not happen. If it could, it would assist the low and moderate income 60+ Iowans to help preserve assets for the balance of their life or to invest in new ventures. Until then it is imperative we focus on the long-term care system in Iowa to help to insure financial security for low to moderate income Iowans. We need to ensure that aging Iowans and their families have the support necessary for physical, emotional and social well being. A person's limited income and personal resources should not prevent access to quality health care services sufficient to provide a safe environment in which to live.

Long-term care covers a continuum of health and social services in institutions, the community and at home. The continuum includes services such as nursing homes, rehabilitation hospitals, hospice and assisted living services. Other levels include home-based services such as home health and personal care, hospice, homemaker help, home-delivered meals and community based services such as adult day care, social services, congregate meals, transportation and escort services, legal protective services and counseling for clients and caregivers. Along with most other states Iowa recognizes that home and community-based alternatives can be effective in diverting peoples need for care from expensive acute care and nursing facilities.

The Senior Living Coordinating Unit (SLCU) is currently working on a long-range plan for long term care in Iowa. The SLCU is made up of the Directors of the Iowa Departments of Elder Affairs, Human Services, Inspections and Appeals and Public Health, as well as, two consumer (voting) members and 4 members of the Iowa Legislature (non-voting). The goal of this plan is to "maximize the independence of older Iowans, to enable them to live in their communities of choice for as long as possible and to receive the care they need in the setting they choose by providers they trust at a cost they can afford." The task will be extremely difficult unless Iowans work together to accept responsibility for each others safety and welfare.

Most people simply cannot afford to grow old at the same time that more of us are in fact living to advanced ages...the aging population is increasing rapidly and the fastest growing segment is those over the age of 85—precisely those in the most need of long term care...25% of Iowans over the age of 65 live on less than \$856/month. The average retiree has \$30,000 in assets. About 2/3 of the Social Security beneficiaries, age 65 plus, rely on a monthly check from Uncle Sam for more than half their income. For about 20%

of Americans age 65-plus, Social Security is their only source of income...nursing home costs of \$50,000 (a bargain in most parts of the country) per year will quickly eviscerate most peoples income and resources. The average senior spends down to be eligible for Medicaid after only 5 ½ months in a nursing home." One thing we do know with aging is at some point there will be diminished functioning that will require care. That's why so many people are trying to provide home and community based services to assist the family in delaying the more expensive acute care settings for as long as possible.

The Iowa network of Area Agencies on Aging, mostly funded by the Federal government and regulated by the Iowa Department of Elder Affairs currently manages the Case Management Program for Frail and Elderly (CMPFE) in Iowa. The goal of the CMPFE program is to help the older Iowan remain in their own home. The Area Agencies on Aging will arrange to visit the senior in their home. With their permission, a team of helping professionals will develop a care plan to help the senior obtain the services that they need or want. This interdisciplinary team is required to meet at least monthly and consists of at least a registered nurse, social worker, DHS service worker, service providers and the case manager. The consumer and family members are invited to attend these meetings. The care coordinator also is continually available as the needs may change. Today through this program there are 13,164 clients costing \$7,800.00 per person per year or \$102,679,200. per year for all of these clients. If they were in a nursing home setting the cost would be \$40,902.00 per person per year or \$538,433,928. per year for all of these clients. The average CMPFE client spends 18 months in the program before institutionalization or death.

Let's look at what the average CMPFE client looks like and why the case management services need is great.

- Average age is 79 years old.
- 59% live alone
- 62% have cognitive limitations such as problems with comprehension, concentration or immediate memory.
- 91% needs assistance with bathing
- 83% need assistance with walking.
- 69% need assistance with dressing

The problem is that providers of home and community based services under the Medicaid Waiver program and the State's own CMPFE program receive increasingly limited reimbursement rates and have difficulty expanding their businesses to serve the growing number of needy individuals who also want and need care outside of nursing homes. In fact the total number of CMPFE clients has increased every month since January of 2004. From 2000-2005 the Iowa Medicaid projections show there has been a 7.46% increase in home care clients and a 16.03% increase in elderly waiver clients, yet there has been no corresponding increase in state appropriation to offset the increased caseloads. The Area Agencies on Aging are asking the Governor and the state legislature to recognize the

trends and to provide sufficient state resources to administer the Case Management Program for Frail and Elderly, which in turn saves the state and taxpayers money.

It is the case manager, along with the care team of local providers that allows these people, with the frailties of aging, to live in their own homes with maximum dignity and respect. The CMPFE program allows the older Iowan the ability to obtain quality care that they direct. It could be as simple as having someone come every once in a while to check, maybe do some chores, make sure a good meal is delivered once a week. Or it could be that the need for a trained medical professional would need to visit on a regular basis. The bottom line is this service is cheaper, is requested more frequently and a network needs to be available to those in need.

The network of Area Agencies on Aging also helps the older Iowan and their families understand the patchwork of federal, state, and local funding sources available for them and their families. Each program has its own eligibility guidelines, usage levels and reporting requirements. Without knowledgeable, one-on-one assistance, many seniors are not able to take all the necessary steps to access benefits to which they are entitled.

We know that 93% of older Iowans prefer to remain in their homes and communities as they age and need services. We also know that family members in Iowa remain primarily responsible for long-term care provided to older Iowans. Still, it will not be possible for all families to provide the quality services that older Iowans need. Indeed, not all older Iowans even have adequate homes or competent families. Some families will be unable/or unwilling to provide the free care and lodging which replaces residential care otherwise paid for with tax money. Some older Iowans may even chose to purchase professional care to avoid "burdening" their families and having the security and peace of mind they would have in a congregate setting. We know there will continue to be a significant portion of older Iowans residing in institutional/nursing home settings. We also know there will be an even greater need to have "back-up" systems to help families make connections to the home and community based network.

It was social philosopher Eric Hoffer who said "Far more crucial than what we know or do not know is what we do not want to know." I think this can explain the perceived inability to adequately fund or support the growing older population. We do know there are increases in the older segment of society and we do know that support systems are weak at best, to meet the needs of the frail, fragile and vulnerable elderly. We also do not know how much funding is really needed to support our older Iowans. However, the bigger concern is that some do not want to know what is needed because they see the issues as too vague, too large, too difficult, too emotional, too costly or even as insurmountable.

Aging is a fact of life. There are many well validated reasons that the provision of aging related services are distinct, unique and deserving of special consideration in any policy making or public system design. My hope is that we will take the time to understand. We all will be faced with aging issues whether as a future caregiver or just because of our

own mortality. As a society we need to be prepared for and respectful of this future eventuality.

This case management example could be from any county in Iowa. Please pay particular attention to the last paragraph and why a local case manager is so important for coordinating efforts.

A husband age 83 and wife age 79, lived in a rented farm home in rural Mahaska County. The husband had a recent heart attack requiring continuous oxygen and his daily activity was strictly limited. The wife is legally blind with a history of Transischemic attacks, a heart attack requiring four bypasses, and diabetes. He didn't have family support and her only son lives in South Dakota. The wife was unable to read labels, so to make meals easier she fixed Chicken & Stars everyday. After the husband's last hospitalization, Public Health serviced the home. It was obvious to the Nurse this couple needed more help than their agency could provide or had time to provide. The Nurse called the daughter-in-law and encouraged her to contact Seneca Area Agency on Aging. The Case Manager set up an assessment appointment.

The following problems were found:

1. They were unable to cook proper meals
2. They weren't taking their medication on time and had at times overdosed by mistake
3. They had little socialization because of locality
4. They were unable to stabilize diabetes because of cooking problem
5. They were paying to have errands and yard work done with little money left over after bills
6. Hygiene had become a problem because they were afraid of falling in the tub
7. Housework wasn't being done
8. Transportation was a problem and they relied on the family coming from South Dakota or the husband was trying to drive them
9. She is hard of hearing
10. It had become difficult dressing and doing everyday tasks

Because of the safety issues involved, an emergency staffing was held and these were the suggestions:

- A. Home Deliver Meals
- B. MD2 Machine-Medication Dispenser for client, its automated voice tells the client when to take the medication and dispenses it dose by dose. If the client does not take the medication on time a contact person is called.
- C. Move to a more convenient location so there is better access to services
- D. By renting an apartment, they wouldn't have to pay for yard work
- E. Home Care Aide/Homemaker

- F. If they move to town the transit bus would be available
- G. Apply for Title XIX, then the Elderly Waiver, in the mean time bridge the gap with Senior Living Program money.
- H. Programmable telephone for the hearing/sight impaired

The Case Manager contacted their son and set up an appointment to go over suggestions. The clients, with the help of their family, chose to seek rental options in Oskaloosa, MD2 machine, nonperishable prepared shelf meals, nursing, emergency response system and home care aide/homemaker and a programmable telephone. Later they moved to a ground floor duplex close to the hospital, nursing services, and meal delivery. Nonperishable prepared shelf meals were replaced with hot diabetic meals and her diabetes stabilized. The needs of this couple were met through funding from the senior living program, elderly waiver, Medicaid, Medicare and the Department of Blind.

The next year the husband's health declined and Hospice was introduced. The husband passed away last year in his wife's arms in their own apartment as he wished. After his passing, the wife received a bill for \$9,000 from the Estate Recovery Program. The family called the Case Manager not knowing what to do next. The Case Manager referred them to the Estate Recovery Program number so they could explain the situation. Estate recovery was deferred until her death.

The wife's need for services increased. She increased her homemaker service and received a hospital bed so she could breathe better at night. These increased needs were met through the Elderly Waiver and Medicare. In addition, she agreed to be evaluated by the Association for the Blind and they made great suggestions that helped her become more independent. Her minister and church ladies visit her bimonthly. The client is satisfied and in her own words, "very happy with life at this point."

The Case Management Program for the Frail Elderly initiated referrals to and coordinated services from the Department of Human Services, Oskaloosa Housing Authority, Estate Recovery Program, home delivered meal suppliers, Hospice, durable medical equipment supplier, emergency response device supplier, Association for the Blind, handicapped telephone supplier, and hearing aide supplier. The needs of this couple and later for the wife were met through funding from the senior living program, elderly waiver, Medicaid, Medicare and the Department of Blind.

This paper was written in the Spring of 2005. The statistics have not been updated to reflect 2008 data, although the basic points remain as true today, as they were in 2005.

What is the Iowa Association of Area Agencies on Aging (i4a)?

i4a is a non-profit organization formed by Iowa's 13 Area Agencies on Aging (often referred to as "Triple A's").

i4a members work to promote quality of life for older Iowans

We:

- ◆ **Actively participate in the state legislative process**, representing frail elders who cannot speak for themselves and empowering older Iowans with information and opportunities to make their voices heard.
- ◆ **Stimulate, encourage, and sponsor educational events** about important aging issues.
- ◆ **Strengthen and improve the design and development of elderly services** by exchanging knowledge with each other, the Iowa Department of Elder Affairs, other aging advocates, and policy makers.
- ◆ **Offer coordinated, statewide programs** whenever possible, by applying for state and federal grants or by sharing resources. One example is *The Iowa Family Caregiver Program*, made possible with funding from the Administration on Aging and the Iowa Department of Elder Affairs.

Are you helping an older family member or friend?

You don't have to do it alone.

Whether you help a little, by paying bills, checking in, doing chores; or if you help a lot, by making meals, organizing medicines, helping with baths -- you are a family caregiver.

The Iowa Family Caregiver Program has information and resources that can help you or your loved one.



Call 1-866-468-7887

Our family caregiver specialist will listen to your request or concern and provide you with information about the most appropriate sources of help in your community.

Or, call your local Area Agency on Aging directly and ask for the caregiver specialist.

Visit www.i4a.org

For comprehensive information on aging services in Iowa

- ◆ **On-line database of over 12,000 services** for older Iowans and their families, easily searched by county and service type.
- ◆ **Search for local services such as:**
 - In-home care
 - Case management
 - Senior centers
 - Meal sites and delivery
 - Long-term care options
 - Adult day care
 - Respite care
 - Transportation
 - Senior housing
 - Prescription assistance
 - Nursing homes
 - Assisted living
 - Support groups
 - and many others
- ◆ **Locate local events and classes** about aging issues and caregiving
- ◆ **Read tips and articles** on topics such as:
 - Family caregiving
 - Substitute decision making
 - Grandparenting
 - and others
- ◆ **Link to other web-sites** about aging issues and caregiving

Answers on Aging



Iowa Association of Area Agencies on Aging

Dedicated to Serving the Needs and Concerns of Older Iowans

Area 1
Northland Agency on Aging
 808 River Street
 Decorah, Iowa 52101
563-382-2941 or 800-233-4603
www.northlandaging.com

Area 2, 5, and 12
Elderbridge Agency on Aging
www.elderbridge.org

Area 2:
 22 N. Georgia, Ste. 216
 Mason City, Iowa 50401-3435
641-424-0678 or 800-243-0678

Area 5:
 108 S. 8th Street, Ste. 150
 Fort Dodge, Iowa 50501
515-955-5244 or 800-543-3280

Area 12:
 603 North West Street
 Carroll, Iowa 51401
712-792-3512 or 800-543-3265

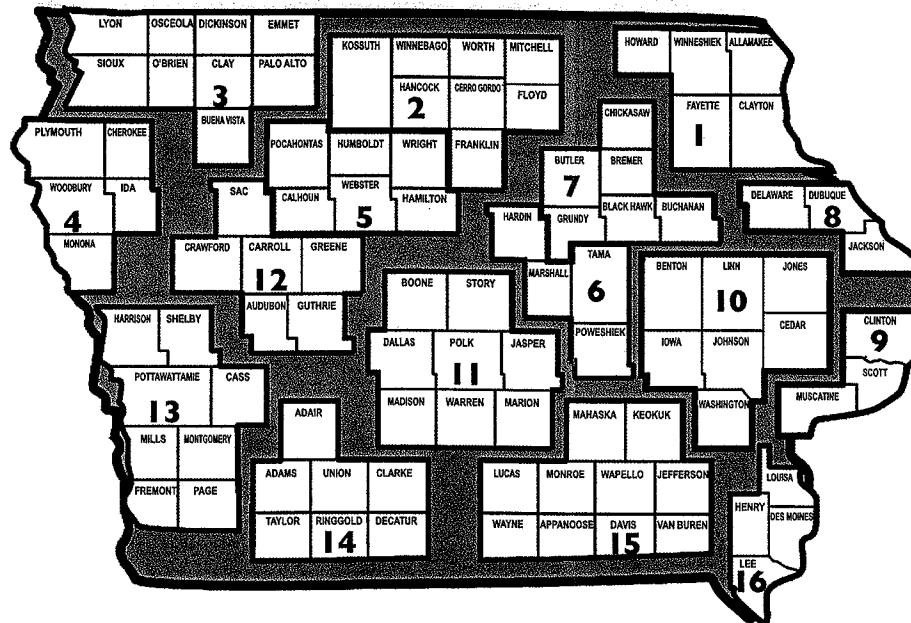
Area 3
Northwest Aging Association
 2 Grand Avenue
 Spencer, Iowa 51301
712-262-1775 or 800-242-5033
www.nwaging.org

Area 4
Siouxland Aging Services, Inc.
 2301 Pierce Street
 Sioux City, Iowa 51104
712-279-6900 or 800-798-6916
www.siouxlandaging.org

Area 6 and 7
Hawkeye Valley Area Agency on Aging
 2101 Kimball Avenue, Ste. 320
 Waterloo, Iowa 50702-5057
319-272-2244 or 800-779-8707
www.hvaaa.org

Area 8
Scenic Valley Area Agency on Aging
 3505 Stoneman Road, Ste. 4
 Dubuque, Iowa 52002-5218
563-588-3970 or 888-238-0831
www.scenicvalley.org

Iowa's 13 Area Agencies on Aging



Area 9
Generations Area Agency on Aging
 935 E. 53rd Street
 Davenport, Iowa 52807
563-324-9085 or 800-892-9085
www.genage.org

Area 10
Heritage Area Agency on Aging
 6301 Kirkwood Blvd. SW,
 PO Box 2068
 Cedar Rapids, Iowa 52406
319-398-5559 or 866-432-4324
www.heritageaaa.org

Area 11
Aging Resources of Central Iowa
 5835 Grand Avenue, Ste. 106
 Des Moines, Iowa 50312-1437
515-255-1310 or 800-747-5352
www.agingresources.com

Area 13
Southwest 8 Senior Services, Inc.
 300 W. Broadway, Ste. 240
 Council Bluffs, Iowa 51503
712-328-2540 or 800-432-9209
www.southwest8.org

Area 14
Area XIV Agency on Aging
 215 E. Montgomery Street
 Creston, Iowa 50801
641-782-4040 or 800-262-0378
www.areaxivaaa.org

Area 15
Seneca Area Agency on Aging
 117 N. Cooper Avenue, Ste. 2
 Ottumwa, Iowa 52501
641-682-2270 or 800-642-6522
www.seneca-aaa.org

Area 16
Southeast Iowa Area Agency on Aging, Inc.
 509 Jefferson Street
 Burlington, Iowa 52601-5427
319-752-5433 or 800-292-1268
www.southeastiowaagingservices.com

Iowa Association of Area Agencies on Aging (i4a)
 5835 Grand Avenue, Ste. 106
 Des Moines, Iowa 50312
515-255-4004 or 866-468-7887
www.i4a.org

What are Area Agencies on Aging?

Area Agencies on Aging (AAAs) serve as portals to care – providing information and education about care options for older Iowans and their families, regardless of income. Also, through the Case Management Program for the Frail Elderly (CMPFE), AAAs assess individual needs, check eligibility for public programs, and, for income eligible persons, will also help pay for support services.

AAAs plan, coordinate, and offer services that help older Iowans remain in their home – if that is their preference – aided by services such as home delivered meals, home health care, transportation and many other services that make independent living a reasonable option. AAAs also provide information about the range of housing options, should remaining at home become difficult or impossible.

AAAs were established nationwide in 1973, to respond to the needs of Americans aged 60 and over in every county and every local community in the nation.

In addition to providing and coordinating services, **AAAs advocate at the state level for policies and programs that benefit older Iowans.**